

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088868

1. Entity Name  
COLLIN & JAMES INSURANCE, INC.

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90140 030 \*\*\*155.00

Principal Place of Business  
6110 WHISKEY CREEK DR  
# 215  
FORT MYERS FL 33919

Mailing Address  
6110 WHISKEY CREEK DR  
# 215  
FORT MYERS FL 33919

2. Principal Place of Business  
8951 Bonita Beach Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ST # 297

City & State  
Bonita Springs FL

City & State

Zip  
34135

Country  
LEE

Zip

Country

4. FEI Number 59-3483586

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHILKE, JOAN  
6110 WHISKEY CREEK DR  
# 215  
FORT MYERS FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☒

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JAMES V PONTUS	
STREET ADDRESS	4228 CRAYTON RD	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOAN HOOLEY	
STREET ADDRESS	6110 WHISKEY CREEK DR #215	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOOLEY, JOHN	
STREET ADDRESS	4532 TAMiami TR E STE 401	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES V. PONTE	
STREET ADDRESS	4228 CRAYTON RD	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN J. SCHILKE	
STREET ADDRESS	6110 WHISKEY CREEK DR #215	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: Joan J. Schilke VP 1/11/01 941-992-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0389106